

AAUP PROFESSIONAL LIABILITY INSURANCE PLAN APPLICATION

CLAIMS-MADE PROFESSIONAL LIABILITY

Underwritten By: Liberty Insurance Underwriters Inc.

HOW TO APPLY:

1. Complete application below.
2. Note the premium below for the policy you selected. All premiums are annual.
3. Return your completed application, along with your annual premium, to the address provided.

Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your policy. **Please print or type all information.**

NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

CLAIM EXPENSES REDUCE THE LIMITS OF LIABILITY OF THIS POLICY. IN SUCH INSTANCE, THE LIMIT OF LIABILITY FOR THIS POLICY MAY BE COMPLETELY EXHAUSTED BY CLAIM EXPENSES AND THE COMPANY SHALL NOT BE LIABLE FOR CLAIM EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMIT OF LIABILITY.

RESIDENTS OF NEW YORK

Complete the information requested below – please print or type:

LAST NAME	FIRST NAME	INITIAL	DOB (Date of Birth)	
MAILING ADDRESS			CITY	STATE ZIP
BUSINESS PHONE	FAX #	HOME PHONE#	E-MAIL ADDRESS	
NAME OF THE EDUCATIONAL FACILITY FOR WHICH YOU WORK		YOUR PROFESSIONAL TITLE (I.E., TEACHER, LIBRARIAN)		

Choose your Limit of Liability and Premium Amount: (please check one box)

- | | Premium |
|--|-----------------|
| <input type="checkbox"/> PLAN I – \$500,000 each claim/\$500,000 annual aggregate | \$75.00 |
| <input type="checkbox"/> PLAN II – \$1,000,000 each claim/\$1,000,000 annual aggregate | \$125.00 |
| <input type="checkbox"/> PLAN III – \$1,000,000 each claim/\$3,000,000 annual aggregate | \$140.00 |
| <input type="checkbox"/> PLAN IV – \$2,000,000 each claim/\$4,000,000 annual aggregate | \$175.00 |

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

Please answer the following questions:

NOTE: If you are not an employee of an Educational Institution, you will not be eligible for coverage. If the answer to any of the questions below is "yes", please provide a detailed explanation in the space provided. If more space is needed, please provide complete detail by attachment, including dates, if applicable.

1. During the past five years have any claims ever been made, or is any claim now pending, against you? Yes No

2. Are you aware of any circumstance which may result in a claim being made against you? Yes No

3. Are you an employee of an Educational Institution? Please describe your duties as an employee. Yes No

4. Do you work as an independent contractor for an Educational Institution? Please describe your duties. Yes No

5. Do you have a degree in teaching and are you certified to provide services as an educator?..... Yes No

6. Please list any teaching degrees and/or teaching certifications below.

7. Has your license to teach ever been suspended or revoked? Yes No

8. Have you ever been disciplined, suspended, or dismissed from employment for cause? Yes No

9. Have you ever had your Professional Liability insurance denied, cancelled, or non-renewed (other than due to loss of market)*?

Yes No *Notice to Missouri Residents: This question does not apply

I understand that I am not covered by this insurance while I am acting as any one of the following: Principal, Dean, Superintendent, other management staff, guidance counselor, nurse, psychologist, speech pathologist, physical therapist, dietician, occupational therapist or members of similar professions or administrative personnel. I understand that these professional occupations are excluded from the coverage.

YOU MUST SIGN AND DATE THE APPLICATION

Declaration and Signature -

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees, that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this application deemed necessary.

INSURANCE FRAUD WARNING

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____/_____/_____
Signature of Applicant **Date**

Name of individual signing this application (printed)

_____/_____/_____
Producer's Signature **Producer's License Number** **Date**

Producer's Name

Coverage is underwritten by Liberty Insurance Underwriters, Inc., and offered through Mercer Consumer a service of Mercer Health & Benefits Administration LLC.

Coverage begins upon approval of your application and receipt of your premium payment.

Enclosed is my check for \$ _____ **Effective Date Desired*** _____

Make check payable to Mercer Consumer and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

If you choose to pay by credit card, visit <https://mercersecure.mercer.com/emailweb/createToken?client=110> to enter your credit card information and upload this form*. Submission of your credit card information to Mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.

Payment will be processed upon review **and** acceptance of your submission.

*Credit card payments are not accepted by email or fax.

Administrator:
Anthony A. Baldus, Partner
Licensed Agent
Mercer Health & Benefits Administration LLC
PO Box 14576
Des Moines, IA 50306-3576
1-800-765-9408

Underwritten by:
Liberty Insurance Underwriters, Inc.

In CA d/b/a Mercer Health & Benefits Insurance Services LLC
CA Ins. Lic. #0G39709
AR Ins. Lic. #303439

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Educators Professional Liability Insurance Premium Calculation Worksheet

YOU MUST COMPLETE THIS FORM INSTEAD OF CALCULATING YOUR PREMIUM WITHIN YOUR APPLICATION. THE RATE DETERMINED ON THIS PAGE WILL BE YOUR RATE.

Coverage Limit:	Premium
\$500,000 each claim/\$500,000 annual aggregate	\$ 75.00
\$1,000,000 each claim/\$1,000,000 annual aggregate	\$125.00
\$1,000,000 each claim/\$3,000,000 annual aggregate	\$140.00
\$2,000,000 each claim \$4,000,000 annual aggregate	\$175.00

PREMIUM COMPUTATION

When calculating your premium, see the rate chart above and choose your limits.

1. Determine the premium for the coverage limits you desire. \$ _____

2. Determine your prior acts step factor. Enter it here: X _____

Here's how to determine your prior acts step factor:
Do you have current professional liability insurance?

If no, your factor is .80. Enter next to Line 2 above.

If yes, what is your current policy retroactive date? _____

Subtract the year of your retroactive date from the current year to calculate the number of years on which to base your step factor. Use the chart below to determine your corresponding step factor and enter above.

# of Years	Step Factor
0-1	80%
2	90%
3	95%
4+	100%

3. Multiply Line 1 by Line 2 (Premium x Prior Acts Step Factor). Enter your total \$ _____
.....

Name: _____

Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer a service of Mercer Health & Benefits Administration LLC (Mercer Consumer) is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected carrier quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4915346 or call us at 1-888-206-5088 for specific details.